



Pre - K Basketball Parent & Child Program



Coed Teams

90 Locust St., Northampton, MA
413-587-1040
www.northamptonma.gov/recreation

For: Parents and Children, 4 year old Boys and Girls (must be 4 by December 31, 2014)
Day: Saturdays
Dates: January 3 – February 7, 2014, 6 sessions
Time: 9:00am or 10:00am, may vary each week
Fee: \$35 if registered prior to 11/15, \$40 after, non-residents add \$10 (includes youth team t-shirt)
Location: Smith Vocational High School

This introductory program will teach basketball skills for children pre-k aged 4-5. The objective of the program is to aid parents who want to help their child to develop basic basketball skills, such as shooting, dribbling, defense, and agility that are needed to participate in organized basketball. The program is designed to teach parents and children the fundamentals of the sport while building the participants confidence. This cooperative program is open to children and parents or guardians **who are able to attend six one hour sessions together.**

Registration includes one parent/guardian and one child.

Limit 30 parent/child registrations

Registrations are currently being taken at the Recreation Department, 90 Locust St., Monday through Friday, 8:30am-4:30pm, or you may drop the form through the 24 hour mailbox.

Questions? Call the Recreation Department at 587-1040 or visit www.northamptonma.gov/recreation

2015 Pre-K Youth Basketball

Child's Name—first & last	Gender M/F	Date of Birth	Age	Grade	School

PARENT/GUARDIAN	Parent 1/Guardian	Parent 2/Guardian (complete if any field is different)
First & Last Name		
Street Address		
City or Town		
Zip Code		
Home Phone #		
Mobile Phone #		
Work Phone #		
Email Address		
Special Comments (allergies, etc.)		

**** COACHES:** Coaches are NEEDED! Are you interested in being a coach? Coaching the Pre-K team entails leading the program and organizing parents/children team drills. A suggested agenda/drills with program structure will be provided.

Coaches Name: _____ Home # _____ Cell # _____

Email Address: _____

Fee: \$35 prior to 11/15, \$40 after, non-residents add \$10

AMOUNT ENCLOSED: \$ _____

Checks payable to: Northampton Recreation Department

Charge my (please circle) : Visa MasterCard Discover

Name on card: _____ Card # _____

Expiration: _____ Signature of Card Holder _____

Office use only: Date Received _____ Staff _____ Amount: _____ Ck _____ Cash _____ Visa/MC _____ Date entered RT: _____ Staff _____